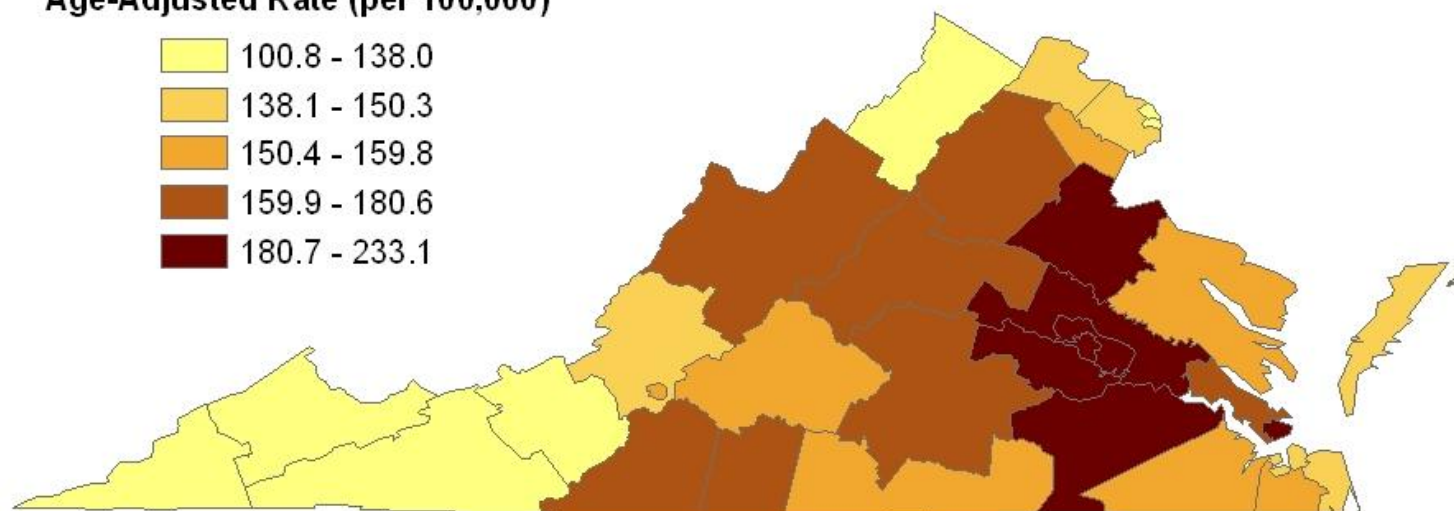


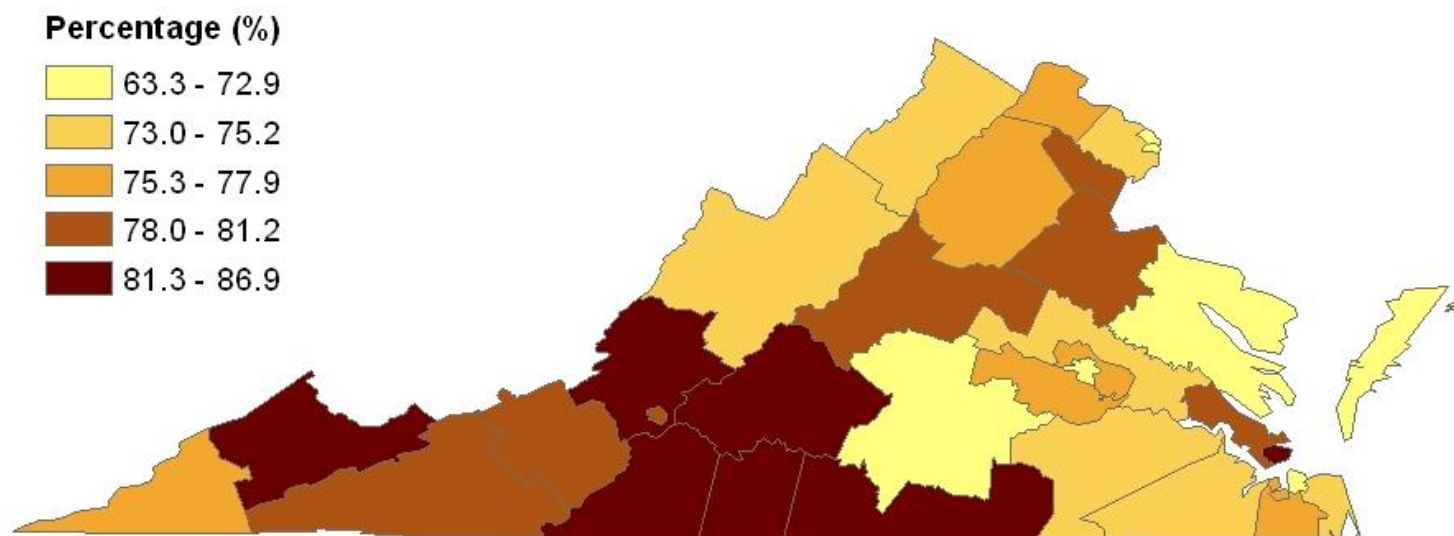
Cancer Incidence Rate by Health District, Prostate, Virginia, 2004-2008

Age-Adjusted Rate (per 100,000)



Source: Virginia Cancer Registry, Virginia Department of Health.
Rates are age-adjusted to the 2000 U.S. standard population.

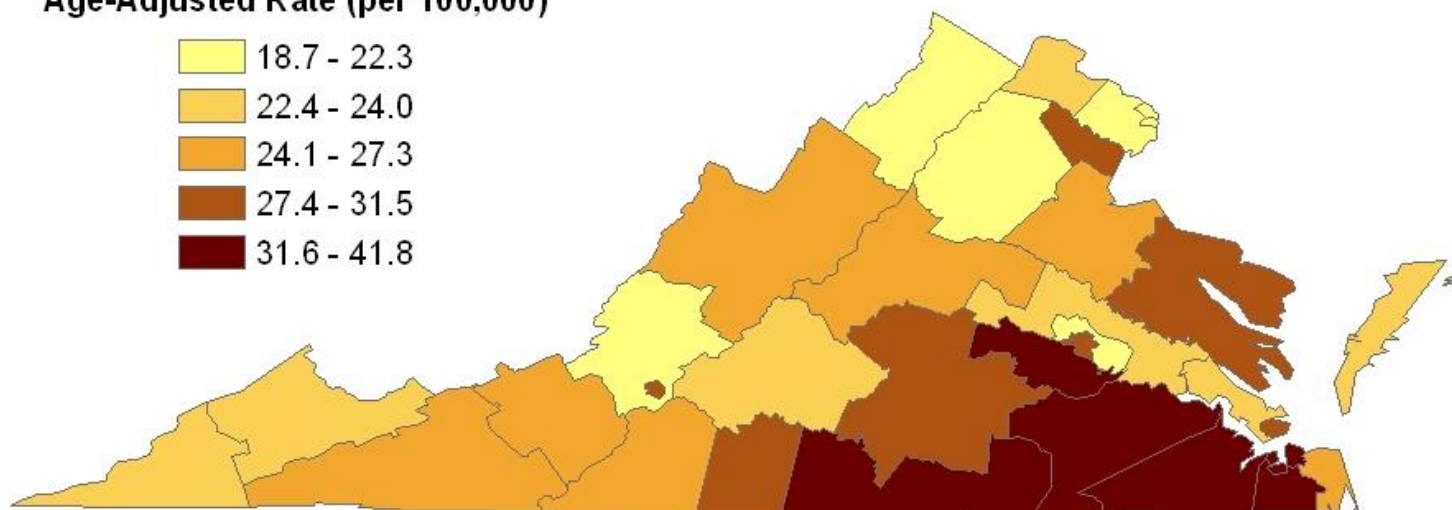
Percentage of Cancer Cases Diagnosed at Local Stage by Health District,
Prostate, Virginia, 2004-2008



Source: Virginia Cancer Registry, Virginia Department of Health.

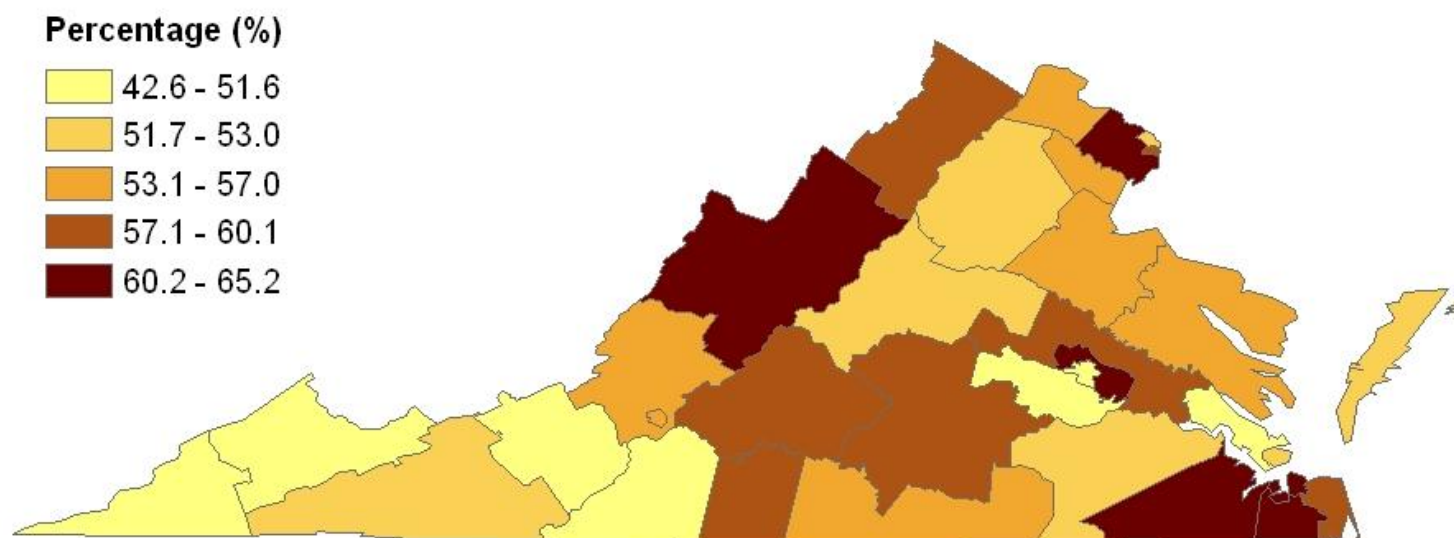
Cancer Mortality Rate by Health District, Prostate, Virginia, 2005-2009

Age-Adjusted Rate (per 100,000)



Source: Division of Health Statistics, Virginia Department of Health.
Rates are age-adjusted to the 2000 U.S. standard population.

Prostate-Specific Antigen (PSA) Test Within the Past Two Years by Health District,
Men 40 and Older, Virginia, 2006-2008



Source: Virginia Behavioral Risk Factor Surveillance System. Percentages are weighted.

Prostate Cancer Statistics in Virginia - Notes

Sources: Incidence and percent local staging (VA Cancer Registry); mortality (VDH Division of Health Statistics); risk factor prevalence (Behavioral Risk Factor Surveillance System).

¹ Based on combined 2004-2008 data. Rates are age- adjusted to the 2000 U.S. standard population. Districts are ranked in terms of incidence rates from highest (=1) to lowest (=35). Districts with lower rankings (i.e. higher incidence rates) are at greater risk.

Source for national rate: Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA, Edwards BK (eds). *SEER Cancer Statistics Review, 1975-2008*, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2008/, based on November 2010 SEER data submission, posted to the SEER web site, 2011. Based on combined data from 2004-2008. Rates are age-adjusted to the 2000 U.S. standard population.

² Based on combined 2004-2008 data. Percentage of Local Stage cancers are reported using the Summary Staging System. Districts are ranked in terms of percentage of cases diagnosed early (local) from lowest (=1) to highest (=35). Districts with lower rankings (i.e. lower early stage percentages) are at greater risk.

Source for national average: Howlader N, Noone AM, Krapcho M, Neyman N, Aminou R, Waldron W, Altekruse SF, Kosary CL, Ruhl J, Tatalovich Z, Cho H, Mariotto A, Eisner MP, Lewis DR, Chen HS, Feuer EJ, Cronin KA, Edwards BK (eds). *SEER Cancer Statistics Review, 1975-2008*, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2008/, based on November 2010 SEER data submission, posted to the SEER web site, 2011. Based on combined data from 2001-2007.

³ Based on combined 2005-2009 data. Rates are age- adjusted to the 2000 U.S. standard population. Districts are ranked in terms of mortality rates from highest (=1) to lowest (=35). Districts with lower rankings (i.e. higher mortality rates) are at greater risk.

Source for national rate: Xu JQ, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final data for 2007. National vital statistics reports; vol 58 no 19. Hyattsville, MD: National Center for Health Statistics. 2010. Available from: http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf. National rate is the 2007 age-adjusted rate, which is comparable to the state five-year interval midpoint.

⁴ Behavioral Risk Factor Surveillance System is a national telephone survey of adults 18+. District estimates are based on 2006 and 2008 (pooled) data. Percentages are population-weighted.

Source for state and national prevalence estimates: Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2008. Available from: <http://apps.nccd.cdc.gov/brfss>. Accessed 6/2/10. State and national numbers are based on 2008 data.

Prostate Cancer Screening = Percentage of men age 40 years and older reporting a PSA test in past two years.

Districts are ranked in terms of prevalence of prostate cancer screening from lowest (=1) to highest (=35). District with lower rankings (i.e. lower PSA test prevalence) are at greater risk.

⁵ Summary score is computed by adding rank score for incidence, local staging, mortality and screening prevalence (PSA test). Lower score indicates higher risk.

Top five districts with the highest risk (i.e. lowest rank) are highlighted.

Maps illustrate rates or percentages in quantiles.